MENTAL HEALTH SCREENING TOOL (CHILD 0 TO 5 YEARS)
[MHST (0-5)]

Person Making Referral: Date:
Telephone (fax #): Agency: ☒ Social Services ☐ Health ☐ Other: _____
Child's Name: Elizabeth Ross Date of Birth:
Caregiver/Contact Person (if known):
Respondent to MHST (0-5) (if other than caregiver): _____
Child's Ethnicity (if known): Primary Language:
Child's Current Telephone: SSN #:
Child's Current Residence: ☐ Shelter ☐ Group Home ☐ Relative ☒ Foster Care ☐ Home ☐ Other : _____
Child's Current Address:

Please check applicable boxes. Examples of behaviors or problems that would require a "YES" check follow each question. ***Please circle any that apply****. This list is not exhaustive. If you have a question about whether or not to check "YES," please offer relevant information in the COMMENTS section.*

YES	NO	UNKNOWN	
			History
☐	☒	☐	1. Has this child experienced severe physical or sexual abuse, extreme or chronic neglect, or been exposed to extreme violent behavior or trauma? *Examples of experiences that may qualify as severe include: severe bruising in unusual areas, forced to watch torture or sexual assault, witness to murder, etc., rarely held or responded to.*
			Behavior
☐	☒	☐	2. Does this child exhibit unusual or uncontrollable behavior? ***0 – 18 mos:*** *Crying that is excessive in intensity or duration; persistent arching, "floppiness," or stiffening when held or touched; cannot be consoled by caregiver; cannot initiate or maintain sleep without extensive assistance in the absence of stressors such as noise or illness* ***18 – 36 mos:*** *Any of the behaviors above; extremely destructive, disruptive, dangerous or violent behavior; excessive or frequent tantrums; persistent and intentional aggression despite reasonable adult intervention; excessive or repetitive self-injurious behavior (e.g. head banging) or self-stimulating behavior (e.g. rocking, masturbation); appears to have an absence of fear or awareness of danger* ***3 – 5 yrs:*** *Any of the behaviors above; frequent night terrors; excessive preoccupation with routine, objects or actions (e.g. hand washing – becomes distraught if interrupted, etc.); extreme hyperactivity; excessively "accident-prone;" repeated cruelty to animals; lack of concern or regard for others; severe levels of problem behavior in toileting (e.g. encopresis, smearing) and aggression (e.g. biting, kicking, property destruction)*
☐	☒	☐	3. Does this child seem to be disconnected, depressed, excessively passive, or withdrawn? *0 – 18 mos: Does not vocalize (e.g. "coo"), cry or smile; does not respond to caregiver (e.g. turns away from his/herface; makes or maintains no eye contact; interaction with others does not appear to be pleasing); does not respond to environment (e.g. motion, sound, light, activity, etc.); persistent and excessive feeding problems.* ***18 – 36 mos****: Any of the above; fails to initiate interaction or share attention with others with whom s/he is familiar; unaware or uninvolved with surroundings; does not explore environment or play; does not seek caretaker/adult to meet needs (e.g. solace, play, object attainment); few or no words; fails to respond to verbal cues.* ***3 – 5 yrs****: Any of the above; does not use sentences of 3 or more words; speech is unintelligible; excessively withdrawn; does not play or interact with peers; persistent, extremely poor coordination of movement (e.g. extremely clumsy); unusual eating patterns (e.g. refuses to eat, overeats, repetitive ingestion of nonfood items); clear and `significant loss of previously attained skills (e.g. no longer talks or is no longer toilet trained).*
			Placement, Childcare, Education Status
☐	☒	☐	4. Does this child exhibit behaviors that may **not** allow him/her to remain in his/her current living, preschool and/or childcare situation? *The child's behaviors, and/or the caregiver's inability to understand and manage these*

If any of the above are checked "YES" refer this child to the Provider of Early Childhood Mental Health Services designated by your county. Please forward form to Mental Health. If applicable, identify the agency to which the child has been referred:

_____

COMMENTS ADDITIONAL INFORMATION: _____